

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016756

DO NOT WRITE
ON THIS STUDY

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3956

STATE FILE NUMBER

FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo.,

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

St. Louis City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis,
3620 St. Louis Avenue,

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

3620 St. Louis Ave.,

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Benjamin J. Engemann

4. DATE

OF

DEATH

Month

Day

Year

April 14, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-29-1904 57

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coffee Roaster

10b. KIND OF BUSINESS OR INDUSTRY

Old Judge Coffee Co.

11. BIRTHPLACE (City and state or country)

Concord Hill, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.,

13a. FATHER'S NAME

Albert Engemann

13b. MOTHER'S MAIDEN NAME

Martha Lexow

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr Otto J. Engemann, 4036 N. Newstead Ave.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

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DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myocardial Infarction

coronary arteriosclerosis

generalized arteriosclerosis

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

1 year

5 year

24. FUNERAL DIRECTOR

ADDRESS

Math. Hermann & Son Inc. 2161 E. Fair Ave.

25. DATE RECD. BY LOCAL REG.

APR 16 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

23e. STATE

Missouri.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Welford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.